

Feeling Reassured: the Glue that Holds Together Patients' Experiences of Ambulance Service Care



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Over the past two decades our ideas about healthcare quality have changed. We know that providing safe and effective clinical care are a vital aspect of any health professional's role. More recently we have begun to understand that these are not sufficient for a high quality service and that patients' experiences of care are also important. The need to ensure a good patient experience is supported by many policy documents and guidance, not least the NHS constitution and NHS patient experience framework.^{1,2}

Patient experiences of ambulance services

There has already been a great deal of previous research on understanding, measuring and improving patient experience in the primary and acute healthcare sectors.³⁻⁵ We were interested to explore patient experiences of ambulance services to improve our understanding and to develop methods for measuring and improving these. The team included researchers from the University of Lincoln (Professor Niro Siriwardena, Fiona Togher and Viet-Hai Phung) and the University of Sheffield (Professor Alicia O'Cathain and Janette Turner) working together with East Midlands and Yorkshire Ambulance Service NHS Trusts, and as part of a larger five-year programme funded by the National Institute for Health Research (NIHR). This ongoing research programme, Pre-hospital Outcomes for Evidence Based Evaluation (PhOEBE), is seeking to develop new outcome and performance measures for ambulance services that go beyond the traditional and commonly used response time targets.

Evolving ambulance services

Ambulance service provision and the roles of ambulance staff have changed substantially in recent years, moving from a transportation service to one that provides highly skilled prehospital treatment for a range of conditions, some of which were previously managed in primary care or

hospitals⁵. We know that the relationship between the health care professional and patient is important for good experience in primary and hospital care but the evidence on the relationship between ambulance clinicians and patients is less clear.

What we wanted to know

We wanted to find out how patients viewed the quality of their ambulance experience. What do patients most value about the treatment and care they receive from ambulance services? What is it about the care provided that means it is perceived as a good (or poor) experience by the patient?

The best way to answer these questions was to speak directly to patients that had used ambulance services. We were interested in whether patients valued similar aspects of their ambulance experience based on the condition they were presenting with, or whether the important aspects were applicable across different conditions or types of ambulance response such as 'hear and treat' (telephone advice), 'see and treat' (care at home), and 'see and convey' (transport to hospital).

We invited a hundred people to take part; 22 of those contacted agreed to be interviewed. Eight spouses were also included in the interviews when patients explicitly asked if they could be. Therefore 30 people in total took part representing the full range of typical ambulance calls.

We spoke to patients that had suffered falls, heart attacks, strokes, kidney stones and diabetic hypoglycaemia. Generally we interviewed older people with 24 of our sample being aged 55 years or over. This could be considered as either a plus or minus to the validity of our results. On the plus side, the number of people aged 55 years and over using the service on a day-to-day basis tends to be higher, partly due to an increasing older population and more people living with long term health conditions. On the minus side, younger patients may have had different stories and experiences. We have found in several different research studies that younger patients are more reluctant to take part in studies. This is an obstacle that we have to try and overcome in the future.

Although we did have a set of questions to ask our participants (for example, 'On reflection, did the ambulance service work well for you on that occasion?'), we were also concerned with giving them the opportunity to tell their stories in response to the question, 'What is it like to be a patient using the ambulance service?'

What we found

Patients all told us that their clinical need, though important, was not the most important factor influencing their experience of ambulance service care. While patients did welcome a fast response time this was not always necessary for a good patient experience.

The thread that ran through all of the interviews, without any prompting from us as interviewers, was how important their interaction with the staff caring for them was in producing a positive or negative experience. A good rapport between patient and clinician had the most effect on people's experiences. More specifically, it was the ability of the ambulance staff, whether call-takers or crews, to make the patient feel reassured that was most highly valued.

Regardless of a patient's reason for using the service, whether they had fallen out of bed or were having difficulties breathing, being and feeling reassured remained the most important aspect of their ambulance service experience. Feeling reassured was important to patients and/or their spouses because it alleviated the anxiety, fear or panic that they inevitably experienced at the time of calling an ambulance.

We found that the ability of the ambulance service staff to reassure patients was the glue that held together all aspects of the patient experience that our participants regarded as critical. In a nutshell, if the patient did not feel reassured during the time they were under the care of the ambulance service, the impact on their experience was strikingly detrimental. Below is a brief summary of the other key aspects of ambulance service care identified by our participants and how they relate to this core need for reassurance.

Professionalism: Participants described the competence and skill of the on-scene clinicians in terms of them knowing what they were doing and their thoroughness in their care. They also described their calm and composed approach to offering care. This was how they defined professionalism and how such behaviour offered reassurance to patients.

Communication: Our interviewees appreciated the informal style of communication that dominated ambulance clinicians' approach. They valued not only what was said by ambulance clinicians but also the manner in which it was communicated. An informal style involving talking to people on a level that they understood and were comfortable with added to this sense of reassurance.

Responsiveness: Participants understood the distinction between *needing* a quick response time for clinical purposes and *wanting* a quick response time for non-clinical reasons. They also demonstrated an understanding of why the response time of an ambulance crew may have been longer than they would have liked in an ideal world. One participant identified that their health condition was unlikely to be life threatening but called 999 "out of desperation because I just didn't know what else to do really." They wanted someone to restore their confidence that they could access the care they needed. The call handler was able to

help affirm this and subsequently they felt reassured.

Continuity across transitions in care: What was meant by 'continuity' here was a sense of connection in the care provided to the patient across the various transition points in care, beginning with call handling to the arrival of an ambulance service member on-scene to transport to hospital and handover to hospital staff.

What this means for services

Response times still play an important part in measuring ambulance performance but we wanted to explore how and if this was linked to patients' perception of how we should be assessing services. One of our patients had this to say:

"It isn't all about the time... It was far more than the speed of answering the phone. It was all the advice and the reassurance and the kindness that I was shown that needs to be measured, not just how long it took them to answer the phone or if I had had to go to hospital, how long it took them to get to me. It's far, far more than the time isn't it?"

Overall we found that a high standard of clinical care, although important, may not be enough in itself to achieve a good experience for the patient. A good experience of ambulance service care is based on good communication, professionalism, responsiveness and attention to transitions in care. One implication of this is that a measurement of patient experience of ambulance services should be developed alongside measures of good clinical care and response times. This would enable ambulance trusts to assess an important aspect of the quality of care they provide. We are currently working on developing a valid measure of ambulance service care.

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Fiona is a Research Assistant and PhD student working within the Community and Health Research Unit (CaHRU) at the University of Lincoln. Fiona's specialist interest is in the patient experience of health care services and her doctoral research is focused around the development of a standardised Patient Reported Experience Measure (PREM) for use in NHS ambulance services.

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If you are interested in reading our article, 'Reassurance as a key outcome valued by emergency ambulance service users: a qualitative interview study', published in *Health Expectations* you can find it here: <http://onlinelibrary.wiley.com/doi/10.1111/hex.12279/full>.

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